

Division of Mental Health & Addiction Services  
**wellnessrecoveryprevention**

*laying the foundation for healthy communities, together*

# COMHCO Annual Conference

**Lynn Kovich, Assistant Commissioner**

**May 18, 2013**

# Our Mission

## **Our Mission – Wellness Recovery Prevention**

DMHAS, in partnership with consumers, family members, providers and other stakeholders, promotes wellness and recovery for individuals managing a mental illness, substance use disorder or co-occurring disorder through a continuum of prevention, early intervention, treatment and recovery services delivered by a culturally competent and well training workforce.

# Our Vision

## **Our Vision – Laying the Foundation for Healthy Communities, Together**

DMHAS envisions an integrated mental health and substance abuse service system that provides a continuum of prevention, treatment and recovery supports to residents of NJ who have, or are at risk of, mental health, addictions or co-occurring disorders. At any point of entry, the service system will provide access to appropriate and effective person-centered, culturally-competent services delivered by a welcoming and well trained workforce. Consumers will be given the tools to achieve wellness and recovery, a sense of personal responsibility and a meaningful role in the community.

# Our Values

## **Our Values – We are driven by our values**

- We value consumers' dignity and believe that services should be person-centered and person-directed.
- We value the strength of consumers, their families and friends because we believe it serves as a foundation for recovery
- We value our partner agencies and believe in their commitment to professionalism, diversity, hope and positive outcomes
- We value evidence-based practices and believe that consumer-informed and peer-led services improve and enhance the prevention and treatment continuum
- We value the public trust and believe that it is essential to provide transparent and efficient services

# DMHAS Strategic Planning

- To give us a Strategic Plan that will bring us all together as a truly merged Division, including:
  - Staff
  - Providers
  - Consumers/Families
  - Stakeholders
- Working meetings were held to gain input:
  - Things that might stand in the way of growth, but can be changed
  - Strengths to build upon
  - Areas to improve
  - Recommendations on where to start and what to do

# Strategic Goal Areas

- Community Integration/Service Reform
- Move to Managed Behavioral Healthcare
- Workforce Development

The information gathered from those meetings is posted on our website, with links for you to send us comments or feedback:

[http://www.state.nj.us/humanservices/divisions/dmhas/strategic\\_planning.html](http://www.state.nj.us/humanservices/divisions/dmhas/strategic_planning.html)

# Developing a Strategic Plan

- A strategy is an overall approach
- A Strategic Plan tells you day-to-day, week-to-week, month-to-month where to focus your creative energy.

# These plans are like contracts

- Each office will review the initiatives and choose the goals that the office can work on
- The goals will be organized into a chart to check for overlap, duplication, and omission of key areas
- Division Supervisors will meet with their staff to develop individualized goals for staff to implement
- The Division will develop workgroups for providers, consumers, families and stakeholders, to ensure full participation in goal setting



# Strategic Plan

- Goals are developed and implemented, objectives and measures of success will be periodically circulated and posted for review by providers/consumers/families and stakeholders.
- Goal is to become a merged Division, sensitive to the needs of staff, consumers, families and providers.
- The message needs to be consistent to ensure the plan/work develops a system that provides for meaningful wellness and recovery.

# MHBO Stakeholder Steering Committee

In January of 2012, DMHAS and DMAHS used stakeholder input:

- Design and implementation of the MBHO.
- Workgroups for more detailed level components.
- Identify and leverage opportunities under Health Care Reform.
- The final Steering Committee report and recommendations were presented to Commissioner Velez in June 2012
- The complete report and executive summary are available at:  
[http://www.state.nj.us/humanservices/dmhs/home/mbho/Stakeholder\\_final\\_report\\_june15\\_2012.pdf](http://www.state.nj.us/humanservices/dmhs/home/mbho/Stakeholder_final_report_june15_2012.pdf)

# ASO/MBHO Guiding Principles

The Steering Committee recommended guiding principles for the ASO/MBHO:

- Person-centered, reflecting the strengths, resources, challenges, and needs of consumers.
- Must promote ease of access and be “user-friendly”
- Critical that the ASO/MBHO does not create additional barriers to access services.

# ASO/MBHO Guiding Principles

- The state should establish reimbursement rates that will allow for providers to deliver necessary services
- Ensure network capacity to meet access, geography, and regulatory requirements and quality objectives
- Establish incentives to support principles of wellness and recovery
- Monitor expenditures to ensure efficiency and achieve desired outcomes

# ASO/MBHO Guiding Principles

ASO/MBHO design should:

- Be informed by the belief that with the right services and supports consumers will regain and sustain purposeful and meaningful lives.
- Reflect this belief by promoting holistic, community-based care focused on wellness and recovery that is efficient, accountable, and affordable to the taxpayers.
- Recognize that many desirable outcomes will not be fully realized without a commitment to collaboration and accountability shared by other systems: within DHS, Health, Labor & Workforce Development, and Judiciary and criminal justice systems.

# Characteristics of an ASO/MBHO

The workgroups recommended the following characteristics of an ASO/MBHO which were endorsed by the steering committee:

- Have capacity to serve individuals with complex behavioral, medical, and/or social needs.
- Provide a seamless system of care that fosters coordination, communication, and collaboration among consumers and partners.
- Require collaboration among DHS, the ASO/MBHO, providers, consumers, and families in quality monitoring and improvement activities.

# Characteristics of an ASO/MBHO

- Ensure delivery of high quality services by a trained and competent workforce.
- Support the exchange and use of information to provide coordinated services.
- Support technological interoperability and quality improvement functions.
- Adhere to documentation requirements that inform clinical decision-making and support the clinical process.

# Characteristics of an ASO/MBHO

- Maintain transparency regarding data about ASO/MBHO and provider performance.
- Recognize that the need to maintain safety is a priority for consumers, families and staff.
- Must have a New Jersey location for all direct operations:
  - care management,
  - prior authorization,
  - clinical, and
  - phone/help desk operations.



# Special Terms and Conditions

## Functions of the Adult ASO as outlined in the STC

- 24/7 Call Center
- Member services
- Screening and assessment
- Prior authorization
- Network management
- Utilization management, including level of care determination and continuing care review
- **Care management**
- Medical management
- Care coordination
- Quality management
- Information technology
- Data submission and reporting requirements
- **Financial management, including claims processing and payment**
- Development of care models and service arrays for consumers with intellectual and developmental disabilities; non-SNP dual eligible (Medicare and Medicaid), and Medicaid expansion populations
- Coordination with the MCOs regarding high-utilizing consumers and consumers screened with behavioral health/medical conditions

# RFP Publication

- RFP to procure a vendor for the ASO/MBHO developed collaboratively by DMHAS and DMAHS
- RFP issued sometime in 2013
- Once RPFs are received from applicants, the State will select a vendor to contract for the ASO/MBHO services.

# Medicaid Expansion

- The Patient Protection and Affordable Care Act (PPACA or ACA) expands Medicaid coverage to non elderly individuals who are at 133% or below of the federal poverty for the states that opt in
- The newly eligible to 133% of FFP is called the “expansion” population and their benefit package is called the “Alternative Benefits Plan” (ABP)
- New Jersey has opted to participate in Medicaid expansion
- NJ is developing the ABP benefit package that will need to meet the requirements of the Mental Health Parity and Addictions Equity Act (MHPAEA)
- The Medicaid Expansion will become effective in January 2014.

# Behavioral Health Home

- Through a provision of the ACA, states can elect to include Health Homes as part of their Medicaid State Plan.
- New Jersey will develop Behavioral Health Homes for individuals with Serious Mental Illness
- BHHs are outpatient agencies that deliver and/or coordinate a consumer's Behavioral Health Care, Medical Care, Prevention, and Support Services with a focus on improving health and wellness
- New Jersey will roll out by county or region starting in Winter of 2013/2014

# What are D-SNPs?

- D-SNPS are **S**pecial **N**eeds **P**lans for individuals who are **D**ually eligible/enrolled in Medicaid and Medicare
- Individuals may choose to enroll in a managed care plan that coordinates their Medicaid and Medicare benefits
- Some behavioral health benefits are “carved out” of the D-SNP plans (PACT, ICMS, RIST) meaning the benefit is not managed by the plan – members may still receive these benefits through the Medicaid program

# Different Categories of Dual Eligibility

- Only individuals with a **full** Medicaid and Medicare benefit are eligible to enroll in a DSNP
- Eligibility for a partial benefit depends upon how a member enrolls in the Medicaid program.
- Partial dual programs in NJ include:
  - Specified Low-Income Medicare Beneficiary without other Medicaid (SLMB; e.g. Senior Gold)
  - Qualifying Individual (QI)
  - Qualified Disabled and Working Individual (QDWI)
- DMHAS is working closely with Medicaid to understand the impact of Medicaid expansion for dual eligible individuals

# D-SNP

- DMHAS is near completion on the following communication products that affect DMHAS consumers:
  - D-SNP consumer information webpage on DMAHS website with links to searchable provider directories by specialty (including behavioral health specialists)

# D-SNP

- D-SNP marketing practice guidelines and new requirements for contracting health plans
  - Require more pre-enrollment disclosure to members about referrals
  - Require more pre-enrollment advising members about provider networks and formularies
- DMHAS would like to solicit feedback from the BH consumer community on the user-friendliness of the yet-to-be published D-SNP consumer/provider page. The new content needs final edits/approval from DMAHS and hopes to publish the page in the next 6 weeks or so. We are working with DMAHS on how to collect and process input.



# Psychiatric Advanced Directives

- Psychiatric Advanced Directives allow consumers to make decisions in advance about his/her mental health treatment, including medications and voluntary admission to inpatient treatment. Currently, the Division has over 1,000 PAD's in the Division's Directory
- On May 11, 2011, the Division issued a brochure, "Understanding Mental Health Advance Directives". The brochure is available in English and Spanish and is on our website.
- To register a PAD, mail your original PAD and Registration form to the Division at 222 South Warren Street, PO Box 700, Trenton, NJ 08625
- To access your PAD info, call Centralized Admissions at 609-777-0317
- DMHAS Website for Advance Directives:  
<http://www.state.nj.us/humanservices/dmhs/home/advdirective.html>
- There are currently several form PADs on the DMHAS website which can be utilized by consumers
- The internet registry is in the process of development
- A new database has been launched as of May 15, 2013 at the state psychiatric hospitals to monitor and track PADs in the facilities

# Co-Occurring Learning Community (CODLC)

Goal is to help increase the capacity of licensed MH and SA providers to address the needs of consumers with COD by providing integrated treatment:

- On-site assessment of co-occurring treatment capability using the Dual Diagnosis Capability in Addiction or MH Treatment (DDCAT or DDCMHT) instrument
- Assistance with the development of an agency specific COD implementation plan based upon the assessment results
- Technical assistance and education from colleagues and consultants and selected, relevant Training
- Involved eight MH/SA Central Regional providers last year
- Thirteen Southern Region MH/SA providers this year
- Up to thirteen Northern Region MH/SA providers next year
- Participating SA/MH providers in the Central Region CODLC Cohort received a pre and post assessment using the DDCAAMH. The agencies improved on their composite score between 16% and 35% falling in the COD capable and enhance ranges, a significant increase.
- Many of the providers have publicly and enthusiastically expressed their satisfaction with the process and the help. This was expressed at a NJAMHAA COD workgroup that Randy Chadwick (TAC) and Steve Fishbein spoke at

# Eight Dimensions of Wellness

## A Holistic Guide to Whole-Person Wellness

- For people with mental health and substance use conditions, wellness is not the absence of disease, illness or stress, but the presence of purpose in life, active involvement in satisfying work and play, joyful relationships, a health body and living environment, and happiness
- Wellness means overall well-being. It incorporates the mental, emotional, physical, occupational, intellectual, and spiritual aspects of a person's life. Each aspect of wellness can affect overall quality of life, so it is important to consider all aspects of health. This is especially important for people with mental health and substance use conditions because wellness directly relates to the quality and longevity of your life.

# Eight Dimensions of Wellness

- That's why SAMHSA's Wellness Initiative encourages you to incorporate the Eight Dimensions of Wellness in your life:
  - **Emotional** – Coping effectively with life and creating satisfying relationships
  - **Environmental** – Good health by occupying pleasant, stimulating environments that support well-being
  - **Financial** – Satisfaction with current and future financial situations

# Eight Dimensions of Wellness

- **Intellectual** – Recognizing creative abilities and finding ways to expand knowledge and skills
- **Occupational** – Personal satisfaction and enrichment from one's work
- **Physical** – Recognizing the need for physical activity, healthy foods and sleep
- **Social** – Developing a sense of connection, belonging, and a well-developed support system
- **Spiritual** – Expanding our sense of purpose and meaning in life

# Wellness Coaching

- DMHAS is committed to improve the health and wellness of individuals served by the public mental health system
  - 68% of adults with SMI have co-existing physical health condition and have life spans 25 years shorter.
- Wellness Coaching can assist in promoting wellness; making healthy lifestyle choices; smoking cessation, exercising, promoting sobriety, healthy eating, monitoring cholesterol, blood pressure, weight, waist circumference & blood sugar
- DMHAS is offering this training through UMDNJ-SHRP/CSPNJ to teach staff in SH housing programs skills to educate & support consumers to make healthy choices and likely to help improve the health and wellness of persons served.
  - Done through a combination of classroom, online, and experiential (internship) learning, this program will require the trainee to commit 4-6 hours a week
- 23 SH staff will complete the first group in June and a second group of up to 28 in the fall.

# Recently Awarded RFPs

- Peers in ICMS
  - Goals include:
    - Integration of peer specialists into ICMS Programs
    - Provide positive role models who can instill hope and positive motivation through their lived example and successes
    - Establish a positive and trusting relationship between the peer provider and the individual receiving ICMS services
    - Serve as the liaison between the ICMS Team and the local self-help center
  - 1 position for each agency funded for this initiative
    - Bridgeway in Sussex County
    - MHA of Morris County

# Recently Awarded RFPs

- Peer Operated Crisis Respite Programs
  - Community based, recovery oriented, peer-operated crisis respite programs
  - Intended to provide an intensive diversionary program that is a specific alternative to hospital emergency department based services and in-patient psychiatric hospitalization
  - DMHAS created 3 separate five bed programs as part of this initiative
    - Drenk- Ocean County
    - CSP – Passaic & Middlesex Counties



# Recently Awarded RFPs

- Suicide Prevention Hotline
  - Awarded to UMDNJ-UMHC
  - Operational as of 5/1/13
  - NJ Hopeline: 855-654-6735
  - New Jersey based suicide hotline to answer calls statewide from New Jersey residents in New Jersey
  - The hotline is always answered live by a trained staff member or volunteer
  - Calls are never answered by or routed to an automated system
  - Hotline is required to accept calls that are routed by the National Suicide Prevention Lifeline network. The hotline serves as a backup to the current active Lifeline Crisis Centers and receive and answer calls that are transferred by Lifeline that cannot be answered by these entities during times of excess call volume or after the Lifeline Crisis Centers' operating hours.

# Recently Awarded RFPs

- Early Intervention and Support Services (EISS)
  - EISS awarded in Hudson County to Bridgeway Rehabilitation Services
  - Short term mental health services for adults who are experiencing significant emotional or psychiatric distress and are in need of immediate intervention
  - Alternative to hospital based emergency room treatment

# Recently Awarded RFPs

- Multi-population Supportive Housing RFP to support discharges from State Hospitals
  - 78 SH slots awarded for individuals on CEPP status
  - 24 SH slots awarded for individuals not on CEPP status
  - 10 slots awarded to South Jersey BH Resources for individuals with forensic involvement
  - 25 slot RIST program awarded to Cumberland County Guidance Center for Salem, Cumberland & Gloucester Counties

# Recently Awarded RFPs

- Screening Programs
  - Per Screening regulations, Screening services must be rebid every 7 years
  - Cape May, Middlesex & Morris Counties selected for rebid during FY13
  - Cape May – awarded to Cape Counseling
  - Middlesex – awarded to UMDNJ – UBHC
  - Morris – Proposals due 6/11/13
    - Preliminary award anticipated by 7/17/13

# Current RFPs

- DD/MI RFP
  - Statewide initiative to provide enhanced supportive housing to a minimum of 16 individuals who are CEPP at state hospitals and have a dual diagnosis (DD/MI)
  - Currently under review – preliminary awards due on 5/29/13
- Monmouth Ocean Residential Intensive Support Team (RIST)
  - Initiative to provide 35 RIST slots for CEPP consumers discharged from state hospitals
  - Preliminary award went to Resource for Human Development, Inc.

# Community Services vs. Hospital Census

	SFY'02	SFY'04	SFY'06	SFY'08	SFY'10	SFY'12*
Number of Individuals accessing services in the Community	240,234	215,925	287,537	293,294	298,522	278,586
Average Daily Population (APH, HPH, TPH, GPPH)	2,031	2,066	2,122	1,951	1,671	1,534

\* The FY'2012 data is based on  $\frac{3}{4}$  of the fiscal years data